

# ECOG-ACRIN E2108

## Checklist for Submission of Radiation Oncology Quality Assurance Materials

Patient Initials: \_\_\_\_\_ Registration #: \_\_\_\_\_ RT Start Date: \_\_\_\_\_

Sender's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Radiation Oncologist: \_\_\_\_\_ Email: \_\_\_\_\_

**Please enclose a copy of this Checklist together with the RT materials you submit. All materials must be labeled with the protocol and assigned registration number.**

Digital treatment plan, screenshots of other RT data and diagnostic imaging may be submitted via sFTP or on CD. For data sent via sFTP, a notification email should be sent to [sFTP@garc.org](mailto:sFTP@garc.org) with the **protocol # and registration # in the subject line**. Please refer to IROC Rhode Island website for instructions on sending digital data ([www.QARC.org](http://www.QARC.org)).

Data not sent via sFTP may be sent via email to [datasubmission@garc.org](mailto:datasubmission@garc.org) with the **protocol # and registration # in the subject line**. Data may also be sent via courier to the address below.

**The following materials must be submitted within 3 days of the start of radiotherapy for review:**

DATE  
SUBMITTED

_____	Copies of the CT scans (DICOM format) used in defining the target volume with the target volumes and critical structures delineated
_____	Treatment plan in digital format (Dicom RT or RTOG) if possible
_____	Color isodose distributions for total dose plan in axial, sagittal and coronal planes (if not submitted in digital format)
_____	Color Dose Volume Histogram(DVH) for total treatment plan for CTV, PTV, and required critical structures (included in Digital RT plan if submitted)
_____	Color DVH for total treatment plan for "unspecified tissue" if IMRT used (included in Digital RT plan if submitted)
_____	For WBI, post-op CT scan if lumpectomy cavity is not visible on planning CT
_____	Prescription Sheet for <b>Entire</b> Treatment course
_____	DRRs of <b>each</b> Field with CTV and PTV drawn if possible
_____	Beam Verification (portal) Images or hard copy of real time portal images
_____	Orthogonal anterior/posterior DRRs and portal images
_____	Treatment Plan Report with Monitor Unit calculations, beam parameters and calculation algorithm and volume of interest dose statistics
_____	RT-1 Dosimetry Summary Form <a href="http://www.garc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf">www.garc.org/forms/IROC_RT-1DosimetrySummaryForm.pdf</a>
_____	ECOG E2108 Checklist for Submission of Radiation Oncology Q. A. Materials
_____	ECOG E2108 On-Study Form (copy)

**Final Review materials must be submitted within 1 week of the completion of radiation:**

\_\_\_\_\_ ECOG E2108 Checklist for Submission of Radiation Oncology Q. A. Materials  
\_\_\_\_\_ Completed RT Daily Treatment Chart, including prescription, daily and cumulative doses displayed

**All materials must be labeled with the ECOG assigned protocol and Sequence number.**

Please contact study CRA by email ([ECOG@garc.org](mailto:ECOG@garc.org)) or phone: **(401) 753-7600** for clarification as necessary. Thank you for your ongoing co-operation.

Version date: 02/13/2015